

# FEE TRANSMITTAL

Complete if Known

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 0

Application Number 09/774,768  
 Filing Date 01/31/2001  
 First Named Inventor Dror Segal  
 Examiner Name Elizabeth H. Rosen  
 Art Unit 3694  
 Attorney Docket No. 070388.0620

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 02-4377  
 Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims		60	\$0
Independent Claims		250	\$0
Multiple Dependent			\$0

SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	60	30
Independent claims in excess of 3	250	125
Multiple dependent claim, if not paid	450	225

## FEE CALCULATION (continued)

### ADDITIONAL FEES

<input type="checkbox"/> Surcharge - late oath or filing fee	
<input type="checkbox"/> Non-English Specification	
<input type="checkbox"/> Extension for reply within first month	
<input type="checkbox"/> Extension for reply within second month	
<input type="checkbox"/> Extension for reply within third month	
<input type="checkbox"/> Extension for reply within fourth month	
<input type="checkbox"/> Extension for reply within fifth month	
<input type="checkbox"/> Notice of Appeal	
<input type="checkbox"/> Filing a brief in support of an appeal	
<input type="checkbox"/> Petition to revive - unavoidable	
<input type="checkbox"/> Petition to revive - unintentional	
<input type="checkbox"/> Utility Issue Fee	
<input type="checkbox"/> Design Issue Fee	
<input type="checkbox"/> Publication Fee	
<input type="checkbox"/> Petitions to the Commissioner	
<input type="checkbox"/> Request for Continued Examination (RCE)	
<input type="checkbox"/> Information Disclosure Statement (IDS)	
<input type="checkbox"/> Other fee -	

SUBTOTAL (\$ ) 0

## SUBMITTED BY

Name (Print/Type)	Brian Boerman	Registration No. (d/Attorney/Agent)	66,678	Telephone	212-408-2554
Signature		Date	05/08/2012		

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

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